STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME Zo. DATE KNOWN (TYPE OF PRINT) ESTI-DEATH MATED Rudolph **BECKMAN** 10 4 RACE SEX E UNDER 24 HRS DATE 86 LAST BIRTHDAY) PRONOUNCED DEAD White Mar. 7, 1907 79 BALTIMORE CITY OF COUNTY OF DEATH HPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED IGN COUNTRY WIDOWED [DIVORCED Maryland USA R TOWN OF DEATH DUA IN GENOSPITAL, NURSING HOME, OR OTHER INSTITUTION DUAL IN GENERAL HOSPITAL 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Dakland OR INDUSTRY Farming Farm AL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 1136 COUNTY 13d INSIDE CITY LIMITS? 113e STREET ADDRESS YES 🗌 NO X Rt. 2 Box 22 21561 Maryland Garrett Swanton FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Hamil1 Beckman Fitzwater Archibald Tryphena Mav T. PAGES was deceased ever in u.s. armed forces? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 212-24-0070 See #13 above Margaret Beckman no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Electrocution immediate MMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FOUT S.M. MONTH OR Aluminum Ladder contacted 7460 volt electric UNDERLYING CONTRIBUTING CAUSE OF DEATH THE LOCATION 2, Box 22, Swanton 21d. INJURY OCCURRED 210_PLACE OF INJURY (AT HOME Garrett STREE TENTORY, FARM, ETC.) WHILE AT WORK 220. I certify that I took Rarge of the remains described above, held on Autopsy Inspection and in my apinian death resulted from Natural causes Homicide Undetermined manner TITLE (SPECIFY) 9-6-1986 ACTUAL SIGNATURE MEDICAL EXAMINER Feaster, Jr., M. 107 S. 2na. St., Oakland, Md. James H. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 73c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE St. Paul's Cemetery Burial 9/10/86 Accident 07/84 Garrett Maryland 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) Bradlev A. Stewart Oakland, Maryland 21550

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Grantsville. MD

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q	60033
00 - 17526 1-STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
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(TO CONTRACT)	H MATED 19
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24 DA	TE MONTH DAY YEAR TO HOUR
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USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIGE (ITY LIMITS? 136. STREET ADD 137. CITY OR TOWN 138. NO 1 103 W.	CRESS Liberty St. 21550
14. FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST	MIDDLE LAST
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No 217-04-7525 Marjorie Cesnick	
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DE PRETINECIFY)	DATE 9-6-86
James H. Feaster, Jr., M. D. 107 S. 2nd. St.,	AMINER SIGNED
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

28 DATE OF DEATH MONTH

DAY

DAYS

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12b. KIND OF BUSINESS OR

12:31am

Parks Ser

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TO MEDICAL EXAMI EXECUTE THE CERTIFI PAGE 4 SHOULD BE A TO FUNEAL DIREC A TO FUNEAL WITH BALTIMORE, MARYLL	22. 0	TYPE GAR PRO											aria,	1 ALL 0			
	230 B	URIAL, CREMA SPECIFY) Burial	ION, KEMOV		25/1986		ooming				CITY	CATION	11	C C C	UNTY	ST.	ATE
07/84 BP	24 F	UNERANDIREC	TOR	17/	23/1300	DI	COMITING	NOS	e Ceille	DOMAIS		registra		GISTRAR'S)
DHMH - 17 (VR A15 ME (5))	11	The same	-)//	hin	Tay Ses	-onte	ville,	MD	3	以 2	9.4	00	7 -	Tandan			
(AK WID WE (2))	M	- John	NIF	eve,			11.10/					0			A. V. W.		

sissally reason to many the little ##-20-P9-EU The transfer of the territory of the ter

		- 1		.00			DED			MARYL			2 6	- 2	6	13	ó	1.3
			1 - 5	OR STATE				ARTMENT O				HYGIEN	E O	har	. •		-	
00-	18396			EASED NAME	FIRST		MEDIC	AL EXAMI	MEK.2	CERTII	FICATE	OF DEA	ATH	REG. NO				1 1
				OR PRINT)			MIDL	ole .		EASI			2a. DATE K	ESIL	MONTH 9	7	86	7151 HOUR
	ASE OR. URS EET,				Fred			lenora			lison	-	DEATH A	MATED _			19	M
	SEESE	3	SEX	1	RACE	5. DATE O		6 AGE (IN LAST BIRT		UNDER 1 Y		R 24 HRS.	2c. DATE PRONOUNC	ED	MONTH 9	7	86	75 TOPR
-60	ESSARY, PLEASE RAL DIRECTOR. R YOUR FILES. HIN 72 HOURS		44	male	White		2/21/19		YRS.				DEAD		-1		19	M
V	FOR YOUR PREST	A	7a. Bil	ETHPLACE (STA	TE OR	76 CITIZEI	N OF WHAT C	OUNTRY?	8. MA	RRIED 😾	NEVER MAR	RIED 🗌	9. BALTIMO		R COUN	TY OF D	EATH	
	S S S S S			ryland			USA	No. 15		OWED	DIVOR		Garre					MD.
	いる高田高さり	1	M CI	Y OR TOWN O	F DEATH	II NAME	OF HOSPITAL	NURSING HO	ME, OR O	THER INST	TUTION	12a. USI	MAL OCCUPA	ATION (TYPE	OF WORK	12b KIN	ID OF BU	SINESS
	NOT HAVE	-								nospi	.tal	100000	emaker			-	Hom	
10	2000		USUA I3a. S1		F IN NURSING HOME OF			CITY OR TOWN		Trad INSI	E CITY LIMITS?	II3e STR	EET ADDRES	ς.				
1 6	SEE SE			ryland	Garre			Bittinge		YES [The Control of the Co		ar Rout		x 10	13	21	522
1 2	Engle .		14. FA	THER'S NAME		MIDDLE		LAST		15 MO	HER'S MAIL				77. 1		AST	14.4
-	3853	9	Cla	arence		Edwa:	rd	0ester		1	Lucy		MID				tinge	or
MO	FORM ON O	1		AS DECEASED	EVER IN U.S. ARA	AED FORCE	ES? 16b	SOCIAL SECU	RITY NO.		DRMANT			ADDRESS	· Dex	ANN D	+ I	Box103
17			No	3, NO, OR UNKNOW	(IF YES, GIVE V			14-12-33	64	Mr.	Cecil	Tell	ison	Bitt	-ina	72 73	MD 2	50XIU3
- 2	B. GW WITH WITH DIVISI	1		18 CAUSE OF	DEATH (Enter onli TH WAS CAUSED	y one couse						18.1.1	13CAT	Dice	TIGE	API	PROXIMATE	INTERVAL
, J	SASSA J			PART I DEA	TH WAS CAUSED	BY:	Core	onary a	rtery	dise	ase					BETW	1 car	AND DEATH
0	A A A A A A A A A A A A A A A A A A A	a			IMMEDIAT		TO, OR AS A	CONSEQUENC	E OF	Manual		-1-		-				
#		H			, if ony, which	-	Arte	erioscle	erosi	s, ge	nerali	zed					11	
3.	UTED WITHI IN PENCIL I EXAMINER SIAL - TRANS O MENTAL H ON, OR REA			cause (a) s	toting the under-			CONSEQUENC	E OF									
201 W.	ON, WALL	4		lying couse	e last.	((c)									100		
DIVISION OF VITAL RECORDS,	SHOULD BE EXECUTED SHOULD BE EXECUTED SHOULD SHOULD SHOULD SHOULD SHOULD BE USED AS A BURIAL -1 OF HEALTH AND MENURAL, CREMATION, C	-1		PART 2 DTHER SIGN	HEICANT CONDITIONS C			T RELATED TO THE T	RMINAL DIS	ASE OR CONDI	TION GIVEN IN P	ART I to:						
0	BE EXECTENDING: MEDING: AS A BUI EALTH AN		NO				bro	nchial a	asthm	a								
84	ED A HEA	-	AT	19a DATE OF C	PERATION	19b.	CONDITION	FOR WHICH OP	ERATION	WAS PERF	ORMED?					20 A	UTOPSY?	,
Ž	WORD "F WORD "F WORD "F WORD "F WORD WE WORD WALL WORD W	4	IFIC													Y	ES 🗆	NO TO
OF V	THE WENT	-9	CERTIFICATION	21a EXTERNAL	promp.		TIME OF INJU		21c.	ULNI WOH	RY OCCURR	ED (ENTER	NATURE OF INJUI	RY IN ITEM 18 P	ART I OR PA			10
N	THE TO TH	5		UNDERLYING	☐OR G☐CAUSE OF D		P.M.	NTH DAY YE	AR									
/ISIO			MEDICAL	214 INTURY OF	CLIPPED	21e	PLACE OF IN.	JURY (ATHOME.	21f	LOCATION		-	-					
No.	WRIT WARDE		X	WHILE AT WORK	NOT WHILE	5	TREET, FACTORY, FA	ARM, ETC.)	90	STREET			CITY OR TOWN	4	CC	YTHUK		STATE
	JER: THIS CER. CATE, WRITIN FORWARDED OR: PAGE 3 S THE STATE DEP IND, 21201 PR					(.)	1 4					on X.	. [4				
	L EXAMINER: 1 E CERTIFICATE, DUID BE FORV L DIRECTOR: P H, WITH THE ST MARYLAND, 3				that I tag charge			7//		opsy 🔲,	Inspecti		Inquiry L		d in my o	pinion		
	AAM REC REC RYL RYL			death resulted	from: Noture	al causes	1 Accid	dent 🔲	Suicide L		micide	Undet	ermined mon	ner				
	X S S S S S S S S S S S S S S S S S S S			ACTUAL	New	4 -	+-	-A-		44.747	USPECIFY).						-198	6
	SE SE SE	3	1	SIGNATURE	James	о Н	Functor	r, Jr.,	M D	M.D	1/17 5		St.,		SIGNI		177	
	CUTION TIME	4	-	EXAMINER'S N	KME		1 6 4 9 0 6 1	, 01.09	11. 10	_ ADDRES		Ziiu.	. 00.,	Oarrai	1u, .	TICL .		
	TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN		23a. BL	RIAL, CREMATI	ON REMOVAL 23	b DATE		23c NAME OF C	EMETERY			123d LC	CATION					
07/84			(5)	Burial		9/11/1		Bitting				CITY	ORTOWN	× C-	cou			are .
25M	BP	1	24. FJ	NERAL BIRECT		/ 11/ 3	1	DICCING	er ce	alleter		REC'D. BY	REGISTRAR	25b REGIS	STRAR'S	SIGNATU	JRE	rland
	DHMH - 17 (VR A15 ME (5))		1	Sun	~ 7 leu	ma	ADDRESS G	ntsvill	a MI)	SEP 1	5 18	DO Ju	in Davi	don	Bond	.92.	4
	Haral Hara	L	700	1	-1-		01.4	TICO A T'LT	- 11							A COURS	1	-

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All made as a life of the second

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and c should be detached for use as the busial-stonsis permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal. IMPORTANT: If them 21 is marked as man, Is are now injury, or other troumatic event, the medical TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

00-17527

unctor, page 3

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO				
1 DECEASED NAME FIRST	WIDDLE	LA	IST .			AY YEAR	2b HOUR	R
Lillian	Ashby	MERSI	ING	September	8. 19	986	2:10	DA M
3 SEX 4 RACE		S. DATE O	F BIRTH	& AGE (IN YEARS LAST BIRT	HDAY}	IF UNDER . YEAR	IF UNDER 2	24 HRS
Female Wh	ite	Marc	ch 17. 1916	70	YRS	ONTHS DAYS	HOURS	MIN.
TO BIRTHPLACE (STATE OF FOREIGN TO CITIZ	ZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY O		OF DEATH		
Marvland US	Δ.	WIDOWEL	NEVER MARRIED DIVORCED	Garrett				MD.
LOCITY OR TOWN OF DEATH 11. NA	ME OF HOSPITAL, NURSIN	NG HOME O		120 USUAL OCCUPATION		126 KIND C	F BUSINES	
	OT IN SUCH FACILITY, GIVE STREET		Hospital	Office Nur		Healt	h Cav	
USUAL RESIDENCE (IF NURSING HOME OR OTHER IN	STITUTION GIVE RESIDENCE BEFOR	E ADMISSION)				Inealt	II Car	.е
13a STATE 13b COUNTY	13c. CITY OR TOV		13d INSIDE CITY LIMITS? YES NO G	13e.STREET ADDRESS /		07.550		
Maryland Garrett	Oakland		YES NO NO NAME NAME NAME NAME NAME NAME NAME NAME		x 62C	21550		
FIRST MIDDLE	LAST CO.	144	FIRST	MIDDLE		LAS	T	
Dorsey Thayer 160 WAS DECEASED EVER IN U.S. ARMED FO	Ashby, Sx		Susan 17 INFORMANT	ADDRE		yers	200	
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR	DATES			- 10	Rt.		192	
No	214-34-	-2174	Mrs. Susan Se	cott O	akland	Md.		
18 CAUSE OF DEATH (Enter only one con PART I, DEATH WAS CAUSED BY:	ause per luge far 1a), (b), or	nd (c. I	0 1			BETWEEN	MATE INTERV	DEATH
IMMEDIATE CAUS	E 10) Carcin	men	breast			m	221	ha
DII	E TO, OR AS A CONSEQU	ENCE OF	1 4					
Canditions, if any, which		a Just	end melaste	tan				
gove rise to immediate	(0)	200						
cause (a), stating the DU underlying cause last.	e to, or as a conseou	ENCE OF						
	(c)							
PART 2. OTHER SIGNIFICANT CONDITI	ions <u>Contributing to</u>	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 1	a	
190 DATE OF OPERATION 19b 210. ACCIDENT WAS UNDERLYING 21b. OR CONTRIBUTING AUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e.								
J 190 DATE OF OPERATION 196	CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		, WERE FINDI		
HE LEGISLATION OF THE PERSON O				YES NO	YES	5 🔲	NO []
210. ACCIDENT WAS UNDERLYING 21b.	TIME OF INJURY OUR A.M. MONTH D	AV VEAD	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 P	ART I OR PART 2)		
OR CONTRIBUTING CAUSE OF DEATH	P.M.	19	THE PERSON NAMED IN					
21d INJURY OCCURRED 21e.	PLACE OF INJURY		211 LOCATION	47.00.00		COUNTY		
WHILE NOT WHILE AT WORK	HOME STREET, FACTORY, OFFICE	FARM, ETC }	STREET	CITY OR IO	WN	COUNTY	Sī	TATE
220.1 certify that (I) (this haspital) atte	nded the decensed from		. 19			9	that (I) (w	ve) lost
saw the deceased alive an	10		d that in (my) (our) apinion of					
obove, (I) (we) (did) (did not) view to 22b_SIGNATURE	he body after death		DEGREE			22c DATE		
HACK A TOURS		n	ATTENDING	MEDICAL _ STAF	F	9	C-C/	-
The state of the s		11	PHYSICIAN PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌	1-1	76	1
22d. PHYSICIAN'S NAME (TYPE OR PRINT)			THE ADDRESS					
C.W. Fedde, M.	D.		Fourth St.	Oakland,	Marvl	and 21	550	
230 BURIAL, CREMATION, REMOVAL 236. D	PATE 23c	NAME OF CE	METERY OR CREMATORY	23d LOCATION		COUNTY	6.7	TATE
Burial	/42/86	Oaklar	nd Cemetery	Oakland	Ga	rrett	Md.	-16
24 FUNERAL DIRECTOR LEWENT 14 OF	1/22 25							
	DDRESS		25a. DAI	E REC'D. BY REGISTRAR	256. REGISTI	RAR'S SIGNAT	URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Sugarita To The child Bomillal 1981 to Suesa Committee C Company to the compan A POST OF THE PARTY OF THE PART SAL -AC L.AC Address to the second DE 12 fore trees to the late of the contract SECTION 1 . It describes and the The state of the state of the

June Tunarel and Calchant, wi. 21220

1AND 21201	hin 24 hours ofter deuth 1962 a may be	be filed within 72 hours ofter death	mult be conflict pronce
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	10 HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death attended within 24 hours after detill the may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the otten in a second complete. Ill is in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove case pages 1 and 1 and 1 and 1 be filed within 72 hours often death with the State Dept of Health and Mental Hygiene prior to burial, cremation, in pages.	IMPORTANT: If item 21 is marked or item 48 shows ony injury, or other troumotic event, the medical manifest in the benefit of about the
DIVISION OF	TO HOSPITAL OR ALTENDING PHYSICIAN. The loverteined by the hospital or attending physician.	TO FUNERAL DIRECTOR After this certil should be detoched for use as the burial- with the State Dept of Health and Menta	IMPORTANT: If Item 21 is morked or Item

10510	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLAND SEALTH AND MENTAL SICATE OF DEATH	HYGIENE	S O REG. NO	2 6	000
18542		CEASED NAME	FIRST		MIDDLE		LAST	2a. DAT	OF DEATH MO	NIH DAY 1	YEAR 2b. HOUR
oge 3 deoth	TITE	Rober		Lyr	nch	PAT	TILLO	Ser	tember 5	1986	11:35pM
	3. SE	X	4	RACE		5. DATE	OF BIRTH		(IN YEARS LAST BIRTHD		
		Male		Whi	te		ch 31, 1908		78	YRS	
100		RTHPLACE (STATE OR FOI	REIGN 76	CITIZEN OF	WHAT COUN	ITRY? 8	D NEVER MARRIED	S 9 BALTI	MORE CITY OR	COUNTY OF DEA	тн
		Pennsylvania			JSA	WIDOW	DNORCED			Garrett	MD
7	10 C	TY OR TOWN OF DEAT	4			URSING HOME STREET ADDRESS)	OR OTHER INSTITUTION		WORK FOR MOST OF W	ORKING LIFE) INDL	CIND OF BUSINESS OR
2		Dakland		Garrett	Count	y Memor	ial Hospita	1 F	Ingineer		Civil Eng.
سر ۵	13a S	AL RESIDENCE (IF NURSIN	B HOME OR OT		13c. CITY OR		138 INSIDE CITY LIMITS	S? 13e STRE	ET ADDRESS / Z	IP CODE	
0	-	Maryland	Garre	ett	Oal	cland	YES NO X		ar Rt. 1	Box 56	21550
火	14 FA	THER'S NAME	MI	DDLE	LAS	ST .	15 MOTHER'S MAIDEN	INAME	MIDDLE		LAST
0		James		hrist		ttillo	Marion	-			amsey
dico		VAS DECEASED EVER IN		ED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS		
1		no			167-07	7-3516	Nolly S.	Chess	Pittsbur	gh, Pa.	15216
ony injury, or other	couse (a), stating underlying couse PART 2 OTHER SIGNII 19a DATE OF OPERATK	lost.	ONDITIONS CO	Ontributing		NOT RELATED TO THE T	- 35	UTOPSY? 12	06. IF YES, WERE	ART 1/0 FINDINGS USED AUSES OF DEATH?	
() () () () () () () () () ()	CERTIFICATION							YES [NO	YES 🗌	NO []
2		21g. ACCIDENT WAS UNDER		216. TIME C	M. MONTH	H DAY YEAR	21c HOW INJURY OC	CURRED (ENTE	R NATURE OF MURY IN	HITEM 18 PART : ORP	ART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICA	EXAMINER)	P.	M.	19	211 LOCATION				
	MEC	WHILE NOT WHILE		21e PLACE		OFFICE, FARM, ETC.)	STREET		CITY OR TOWN	COU	NTY STATE
		22a I certify that (I) (t sow the deceased above, (I) (we) (dia	olive on_	ottended the Sept	e deceased f	19 86 °	28 , 19 .7 , nd that in (my) (our) opin		Sept.	ond hour and fro	, that (I) (we) lost
_		226. SIGNATURE 226. PHYSICIAN'S NAM		(11)	al g	an	The second second		AL STAFF OR PHYSICIAN	10 /	Sep 8
MPORTANT		Andrew	E. M	lance,	M.D.				Third, Md. 2		
3 (SURIAL, CREMATION, RE		23b. DATE			EMETERY OR CREMATO		OCATION CITY OR TOWN	COUNTY	STATE
		Cremati	on	9/8/8	36	Homewo	od Cemetery			lleghen	
/84		cadley A. S	tewar	t Oakl	Land, ADD	Maryland	21550 SE	EP 17	1986 SIM	REGISTRAR'S SI	GNATURE n. Randale

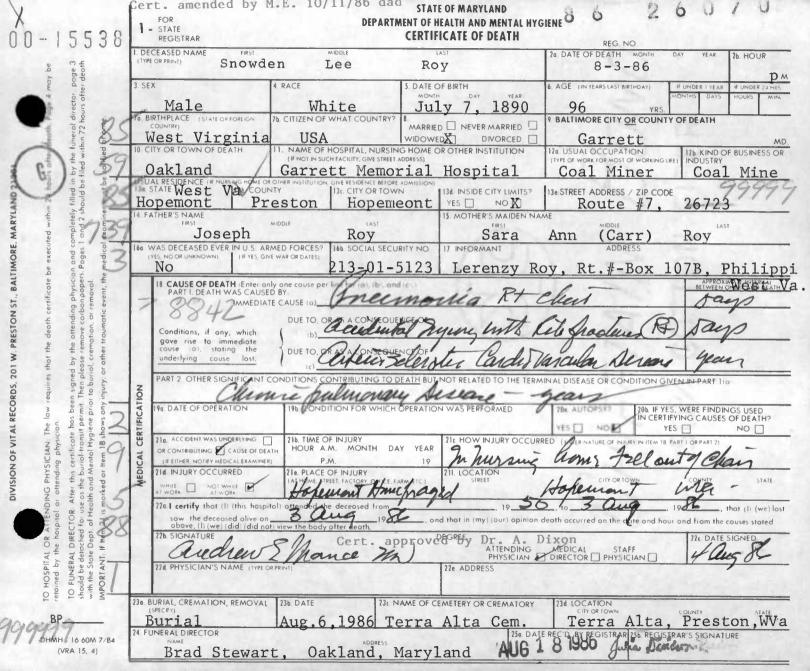
00-1851

12	1.	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG	REG. NO).	0 0	
116		CEASED NAME FIRST		MIDDLE	į	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
	11111	Claude	Will	iam F	PLESSI	NGER, Sr.	September	13, 19	986	830 A _M
10	200		4. RACE		5. DATE C		6. AGE JIN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
Ly		Male		White	Decei	mber 17, 1914	71	YRS.	ONTHS DAYS	HOURS MIN.
4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY		NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
5		ennsylvania	11	SA	WIDOWE		Gari	rett		MD.
7		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON		F BUSINESS OR
		Oakland		#2, Smous		A	Farmer	F WORKING LIFE	-	ning
-	Mile U.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTIO	N, GIVE RESIDENCE BEFOR	RE ADMISSION)	Section 1981 In the			Fall	ming
)		Md. G	arrett	0akland		13d. INSIDE CITY LIMITS? YES NO X	P.O. Box		215	550
A	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	51
1		Charles He	oward	Plessing		Blanche			cCusker	r
1		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	SS		
		No		375-07-	-1387	Mrs. Osthili	a G. Plessin	iger,	See#13	above
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause po	er tine for (a), (b), a	nd ici	A A (2)	,		BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAU	ATE CAUSE (a)	arcum	~ //r	ostale Can	cinoma Lung		yea	us.
4				DR AS A CONSEOL	IENCE OF		0		0	
		Canditians, if any, which	(,b)	3K A3 A CONSLOC	DEIVEL OF				1 3 1	
		gave rise to immediate cause (a), stating the	DUE TO	DR AS A CONSEOL	IENCE OF		The second second		1	-11-11
		underlying cause last	(0)	DR AS A CONSECU	DEINCE OF					
	z	PART 2 OTHER SIGNIFICAN	CONDITIONS (ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVE	N IN PART 110	0
-	HCATION	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
)	불						YES NO X	IN CERTIFY YES	YING CAUSES	OF DEATH?
÷	ER	71a. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		21c. HOW INJURY OCCUR				110 []
7	1 3	OR CONTRIBUTING _ CAUSE OF	KAIN	A.M. MONTH						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM!		OF INJURY	19	211, LOCATION				
	NE NE	NOT WHILE AT WORK		TREET, FACTORY, OFFICE,	FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
						1			10	
		220 I_certify that (I) (this has				nd that in (my) (aur) apinian	death accurred on the de	ate and have		that (I) (we) last
		saw the deceased alive obove, (I) (we) (did) (did	nat) view the bod	y after death.		DEGREE	osani deconico dil Inci di	THE GITTO TIGOT	22c. DATE	
		216 SIGNATURE	palle			MD ATTENDING	MEDICAL STAF	F	O ~	111-5/
-	1	22d. PHYSICIAN'S NAME (TYP	2000			PHYSICIAN PHYSICIAN	DIRECTOR PHYSIC	IAN	-//	470
				- 100		/	- h C+ 0-1-	1 3 '	MA O	1550
	-	Dr. C. Will					th St., Oak	Land,	rid. Z	1550
		BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
		burial	9/16	/86 [P]	easan	t Valley Cem.	Oakland,	Garr		Maryland
34	24. FI	JNERAL DIRECTOR		ADDRESS		01	TE REC'D. BY REGISTRAR EP 1 9 1986			
	Bi	adley A Stew	art Oak	land, Mar	yland	21550	EP 1 9 1986	المالغ مندوس	vidoor-19	

- MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 2n DATE OF DEATH MONTH 2h HOLLR (TYPE OR PRINT) ge Walter William Richter Sept. 10, 1986 4:15 Am 3 SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR MONTH 2/27/1913 Male White 73 TE BIRTHPLACE I STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED Garrett NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Route 2, Box 115-A Accident Maint. Man IMORE, MARYLAND 21201 W.H. Fratz, In USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Garrett Accident Route 2, Box 115-A NO X 21520 FATHER'S NAME 5 MOTHER'S MAIDEN NAME MIDOLE MIDDLE George Richter Mary Fov 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS to 2, Box 115-A LYES, NO OR UNKNOWNS (IF YES, GIVE WAR OR DATES) 213-12-9584 No Margaret E. Richter Accident, MD 21520 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH cordiac arrest 5 ming t IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF atheroscleratic cordiovosculor disease Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS DIVISION OF VITAL RECORDS. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED b 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? bei NOX YES [NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH nto (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INTURY 21f. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from . B. u. + January July 21 . 19 **46** ond that in (my) (evr) opinian death occurred on the date and haur and fram the causes stated saw the deceased alive an. abave, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED MD. ATTENDING MEDICAL STAFF PHYSICIAN X DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LEVER OF PRINTS 22e ADDRESS aumann 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION Accident, Burial 9/13/1986 St John's Cemetery BP. Garrett, Maryland FUNERAL DIRECTOR 256 REGISTRAD'S GIGNATURE DHMH - 16 50M 1/B1 (VRA 15, 4) Grantsville, MD

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00-18397		- STATE REGISTRAR	1235				ICATE OF DEATH	REG. I			13010
0 10001		CEASED NAME E OR PRINT)	FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
4 200			Daisy		M.	R	oberson	August 25			9:00 AM
2 02	7. 58	×	105	4 RACE		S. DATE	OF BIRTH H DAY YEAR	6 AGE LIN YEARS LAST &	IRTHDAY) IF U	THS DAYS	IF UNDER 24 HRS
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2 13 W		Oakland		Garre	ett Coun	ty Memo	rial Hospital	Housewife	3	Home	making
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ON THE PROPERTY OF THE PROPERT		WAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDI	(F22		
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(VRA 15, 4)		Larry S. M	liller			nev W.	SE SE	P 1 7 1986	Asia To	1	
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1 2 1		NO .		214-34-1	561-A	Miss Donna	J. Shipley Co	onfluence,	
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0 8 0 8 4 8	-	Donald Richt				Oakland, N		0	
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BP		Burial	9/18/8	36 S	teele	Cemetery	Friendsvil	le, Garre	tt, MD
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STATE OF MARYLAND



STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

Bradley A. Stewart

William SEE LO 1936 A series and series



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*	OURS AF 18. GIVI WITH NIT. PAGE 5. DIVISI		IL CAUSE OF	DEATH (Enter or	nly ane cause per line	far (a), (b), and (c).)			ALC: U	1000						T AND DEATH
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